

Express Mail Label No.: EV299863075US

60709-00013  
PATENT

3/3/04  
11B

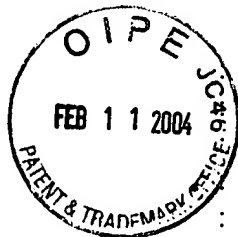
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Demko et al.

Serial No.: 09/710,056

Filed: November 10, 2000

For: ELECTRONIC BOARDROOM



Art Unit: 3621

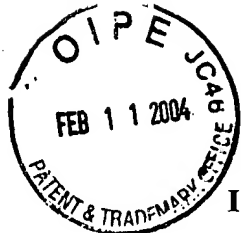
Examiner: John M. Winter

AMENDMENT

Hon. Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RECEIVED**  
FEB 18 2004  
**GROUP 3600**

In response to the Office Action dated January 21, 2004, please amend the above-identified patent application as follows:



02-12-04

3621

60709-00013  
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Demko et al. :  
Serial No.: 09/710,056 : Art Unit: 3621  
Filed: November 10, 2000 : Examiner: John M. Winter  
For: ELECTRONIC BOARDROOM :

**Mail Stop: NON-FEE AMENDMENT**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**TRANSMITTAL**

1. Transmitted herewith is:  
Transmittal (3 pgs., in duplicate); Amendment in Response to Office Action dated January 21, 2004 (9 pgs.); Return post card

**STATUS**

2. Applicant  
☒ claims small entity status.  
☐ is other than a small entity.

**RECEIVED**

**FEB 18 2004**

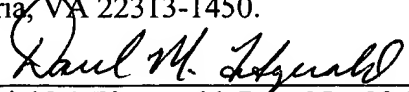
**GROUP 3600**

**CERTIFICATE OF MAILING BY EXPRESS MAIL TO  
THE COMMISSIONER FOR PATENTS**

**Express Mail No. EV299863075US**

**Date: February 11, 2004**

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop NON-FEE AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

  
Daniel M. Fitzgerald, Reg. No. 38,880

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension for response within:        | Other than small<br>entity Fee | Small entity Fee<br>(if applicable) |
|---------------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> first month  | \$ 110.00                      | \$ 55.00                            |
| <input type="checkbox"/> second month | \$ 410.00                      | \$ 205.00                           |
| <input type="checkbox"/> third month  | \$ 930.00                      | \$ 465.00                           |
| <input type="checkbox"/> fourth month | \$1,450.00                     | \$ 725.00                           |
| <input type="checkbox"/> fifth month  | \$1,970.00                     | \$ 985.00                           |

Fee Due \$ \_\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

- ☐ An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ \_\_\_\_\_.

**OR**

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|   | (Col. 1)<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | (Col. 2)<br>HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | (Col. 3)<br>PRESENT<br>EXTRA | SMALL ENTITY<br>ADDITIONAL<br>RATE FEE | OR | OTHER THAN<br>SMALL ENTITY<br>ADDITIONAL<br>RATE FEE |
|---|---|---|------------------------------|--|----|--|
| TOTAL                                       | MINUS   | =   |                              | x \$9 = \$                             |    | x \$18 = \$  |
| INDEP.                                      | MINUS   | =   |                              | x \$42 = \$                            |    | x \$84 = \$  |
| — FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |   |                              | + \$140 = \$                           |    | + \$280 = \$   |
|   |   |   |                              | TOTAL ADDITIONAL<br>FEE \$             | OR | TOTAL ADDITIONAL<br>FEE \$                           |

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$

**FEE PAYMENT**

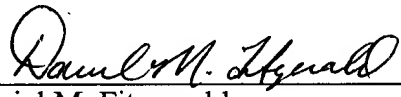
5.        Attached is a check in the sum of \$        
☐ Charge Deposit Account No. 01-2384 the sum of \$      .  
A duplicate of this transmittal is attached.

**FEE DEFICIENCY**

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:

  
\_\_\_\_\_  
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St. Louis, MO 63102  
314/621-5070